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## **IRO REVIEWER REPORT**

**Date:** X

**IRO CASE #:** X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** X

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X is a X with date of X. X was X when X. The X was X. On X, presented to X, MD with X. X was able to X. X was X at the X and was described as a on examination, there was X. X was noted in the X and there was X. The assessment was X. The X was to administer X. A X showed X and X. There were X. At the X, there was X. There were X changes with X. Treatment to date included X. Per X review dated X by X, MD, the request for X, to be done on different dates of service, was non-certified. The X for recommendation was as follows: X, to evaluate a X when X and X from those found on imaging studies. To determine X when there is evidence of

multi-level X. To determine X when clinical findings are consistent with X." Within the medical information available for review, there is a documentation of X and that X. However, there is no objective X. As such, the request is not medically necessary and is not certified." Per another X review dated X by X, MD, the X for X. The X was as follows: While the claimant has subjective complaints of X with X to the X. On X, the documented X notes X. As such, there are no X of X with the requested X. X supports use of X to determine the level of X when X are consistent with X, but the level of X. As X are not consistent with X, the request for X are not guideline supported. The provider has not provided any new clinical findings or compelling information to justify overturning the prior adverse determination. Therefore, the request for APPEAL: X of service is recommended non-certified."

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The claimant had reported X. The X did not clearly detail X. There was no evidence of any X. There was no X of any X. Given the limited X would not be supported as reasonable or medically necessary.

Therefore, the previous denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES